

# 2014 Trauma Registry Data Elements (NTDB)

## Demographic Information

Patient's Home Zip Code  
Patient's Home Country  
Patient's Home State  
Patient's Home County  
Patient's Home City  
Alternate Home Residence  
Date of Birth  
Age  
Age Units  
Race  
Ethnicity  
Gender

## Injury Information

Injury Incident Date  
Injury Incident Time  
Work-Related  
Patient's Occupational Industry  
Patient's Occupation  
Primary E-Code  
Location E-Code  
Additional E-Code  
Incident Location Zip Code  
Incident Country  
Incident State  
Incident County  
Incident City  
Protective Devices  
Child Specific Restraint  
Airbag Deployment  
Report of Physical Abuse  
Investigation of Physical Abuse  
Caregiver at Discharge

## Pre-Hospital Information

EMS Dispatch Date  
EMS Dispatch Time  
EMS Unit arrival Date at Scene or Transferring Facility  
EMS Unit arrival Time at Scene or Transferring Facility

EMS Unit Departure Date from Scene or Transferring Facility  
EMS Unit Departure Time from Scene or Transferring Facility  
Transport Mode  
Other Transport Mode  
Initial Field Systolic Blood Pressure  
Initial Field Pulse Rate  
Initial Field Respiratory Rate  
Initial Field Oxygen Saturation  
Initial Field GCS – Eye  
Initial Field GCS – Verbal  
Initial Field GCS – Motor  
Initial Field GCS – Total  
Inter-Facility Transfer  
Trauma Center Criteria  
Vehicular, Pedestrian, Other  
Risk Injury

## ED/Acute Care Information

ED/Hospital Arrival Date  
ED/Hospital Arrival Time  
ED Discharge Disposition  
Signs of Life  
ED Discharge Date  
ED Discharge Time

## Initial Assessment Information

Initial ED/Hospital Systolic Blood Pressure  
Initial ED/Hospital Pulse Rate  
Initial ED/Hospital Temperature  
Initial ED/Hospital Respiratory Rate  
Initial ED/Hospital Respiratory Assistance  
Initial ED/Hospital Oxygen Saturation  
Initial ED/Hospital Supplemental Oxygen

Initial ED/Hospital GCS – Eye  
Initial ED/Hospital GCS – Verbal  
Initial ED/Hospital – Motor  
Initial ED/Hospital – Total  
Initial ED/Hospital GCS Assessment Qualifiers  
Initial ED/Hospital – Height  
Initial ED/Hospital – Weight  
Alcohol Use Indicator  
Drug Use Indicator

## Diagnosis Information

Injury Diagnoses  
AIS Predot Code  
AIS Severity  
ISS Body Region  
AIS Version  
Locally Calculated ISS

## Co-Morbidity Information

Co-Morbid Conditions

## Procedures Information

Hospital Procedures  
Hospital Procedure Start Date  
Hospital Procedure Start Time

## Complications / PI Information

Hospital Complications

## Outcome Information

Total ICU Length of Stay  
Total Ventilator Days  
Hospital Discharge Date  
Hospital Discharge Time  
Hospital Discharge Disposition  
Primary Method of Payment